2009 LIMITED LIABILITY COMPANY ANNUAL REPORT

FILED
Mar 10, 2009
Secretary of State

DOCUMENT# M02000003067

Entity Name: SAXONY CAPITAL MANAGEMENT LLC

Current Principal Place of Business:

86 KENRICK PLAZA
SAINT LOUIS, MO 63119

New Principal Place of Business:

Current Mailing Address:

86 KENRICK PLAZA
SAINT LOUIS, MO 63119

New Mailing Address:

FEI Number: 47-0889869 **FEI Number Applied For ( )** **FEI Number Not Applicable ( )** **Certificate of Status Desired ( )**

Name and Address of Current Registered Agent:

SCAFIDI, RICHARD
5182 MABRY AVE
NAPLES, FL 34112 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE: _____

Electronic Signature of Registered Agent Date

MANAGING MEMBERS/MANAGERS:

Title:	MGR	( ) Delete
Name:	GRIFFARD, RICHARD E	
Address:	86 KENRICK PLAZA	
City-St-Zip:	SAINT LOUIS, MO 63119	
Title:	MGR	( ) Delete
Name:	DAIRAGHI, CHARLES A	
Address:	86 KENRICK PLAZA	
City-St-Zip:	ST. LOUIS, MO 63119	
Title:	MGR	( ) Delete
Name:	SCAFIDI, RICHARD S	
Address:	5182 MABRY DR	
City-St-Zip:	NAPLES, FL 34112	
Title:	MGR	( ) Delete
Name:	ELDER, SCOTT	
Address:	86 KENRICK PLAZA	
City-St-Zip:	SAINT LOUIS, MO 63119	
Title:	MGR	( ) Delete
Name:	SCHEIDT, JAMES H	
Address:	86 KENRICK PLAZA	
City-St-Zip:	ST LOUIS, MO 63119	
Title:	MGR	( ) Delete
Name:	CLARK, BRIAN L	
Address:	86 KENRICK PLAZA	
City-St-Zip:	ST LOUIS, MO 63119	

ADDITIONS/CHANGES:

Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	
Title:	( ) Change ( ) Addition
Name:	
Address:	
City-St-Zip:	

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: CHARLES DAIRAGHI MGR 03/10/2009

Electronic Signature of Signing Managing Member, Manager, or Authorized Representative / Date